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Death and mourning in times of COVID-19. The experience of Zimbabwean migrants in South Africa

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ABSTRACT

The paper deals with the effects of the regulations and restrictions on the handling of corpses and funerals among Zimbabwean migrant families who lost relatives in South Africa during the COVID-19 epidemic in the years 2020 and 2021. Interviews were conducted with members of this migrant community. The interviews revealed a range of affective and material dimensions entangled in these multiple losses, highlighting therefore experiences of truncated grief. Restrictions on funerals and burials forced immobility on the living and their dead; on bereaved communities, themselves and their corpses are forms of biopower that multiplied losses among cross-border migrant communities. The loss of autonomy of communities around death rituals and burial places constitute realms where the materiality of death is revealed. I look at both the loss of human life and the emotional losses associated with the limitations imposed on the dead body under COVID-19.

Introduction

South Africa imposed restrictions on the handling, burial and transport of mortal remains along with general COVID-19 restrictions. One of the first measures imposed, in conjunction with the lockdown, was the closure of all ports of entry in the country, which put an immediate halt to international movements, including the repatriation of the dead across the borders, a practice of routine burial among migrant communities from neighboring countries, especially Zimbabwe. This migrant community, one of the largest in the country, have historically returned their dead to their places of origin for burial.

This work focuses on the effects of the pandemic-related regulations and restrictions on the handling of corpses and funeral rituals, among Zimbabwean families who lost relatives in South Africa during the COVID-19 epidemic in the years 2020 and 2021. Interviews were conducted with members of the Zimbabwean migrant community, pastors, bereaved families, directors of funeral societies and members of burial societies, as part of a larger study with several communities in Europe, the USA and Africa. The interviews revealed a range of affective, symbolic and material dimensions entangled in these multiple losses, including the impossibility of repatriating their dead to be buried at home.

Recognizing current cross-border migration as a livelihood through a historical and cultural lens allows an understanding of the significance of the rituals and practices involved in a migrant's death (Lee, 2011; Mazzucato et al., 2006; Mbiba, 2010; Nunez & Wheeler, 2012). This perspective supports a decolonial critique of the government's response to the pandemic that begins by questioning its individual-based rights and medicalised approach to death, one that reified death as a medical matter and biomedicine as the ultimate truth over context, history and the symbolic power of ritual among these communities. The motto of burying with dignity takes a historical depth in the context of the regional migration system that began in the eighteenth century, in the mines (Lee & Vaughan 2008). Migrants died far from home, and burial societies assisted in returning the dead to be buried at home, a tradition that has continued today in current cross-border migration.

The restrictions on funerals and burials and the immobility imposed on both the living and the dead,

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during the COVID-19 pandemic, constitute, as argued in this work, a form of biopower and neo-colonial approach exercised by the government framed within biomedical knowledge, I extend this approach that Bank applies (Bank, 2024; Bank & Sharpley, 2020), to analyze the effect of the pandemic on rural communities to the situation of migrants to understand the multiple losses experienced among disadvantaged groups in society. It problematizes how the pandemic regulations adopted by the government conspired against restoring dignity to life, customarily enacted in the rituals performed among communities. For migrants, the imposed immobility resulting from the lockdown conspired against their customary management of deaths during COVID-19.

COVID-19 and excess deaths in South Africa

To contain the pandemic locally, the South African government initially introduced policies on social distancing, the use of face masks, and restrictions on holding social events including funerals which in their customary fashion were considered superspreaders. As cases continued to rise globally, President Cyril Ramaphosa's government declared a disaster and imposed a nationwide alert level 5 lockdown from March 26 to April 30, 2020. The country was mandated to adhere to the regulations, reinforced by military deployment. Levine and Manderson (2021) argue the lockdown in South Africa was defined as a military-style lockdown. Only essential services remained operational. Public transportation was limited. Interprovincial travel was banned, and the country's borders closed. The harsh lockdown was aimed at preparing the health system to respond to an impending disaster presumed because South Africa has the largest number of people in the world living with AIDS and the largest number of people receiving antiretroviral therapy (De Villiers et al., 2020). It was expected syndemic effect the COVID-19 epidemic would have on a large proportion of the severely immunocompromised population with high rates of HIV/AIDS prevalence in the country.[1] (Carlitz & Makhura, 2021; UNAIDS, 2023).

Alert Level 5 was downgraded to Alert Level 4 for the entire month of May 2020. Under alert level 4, nightly curfews were imposed, schools remained closed, interprovincial and cross-border travel was not allowed, and the sale of alcohol was banned (Carrasco et al., 2024). While trying to prevent the spread of the disease in the population, these lockdowns put the survival of the poorest, migrants and women at risk (De Groot & Lemanski, 2021; Mubangizi, 2021.)

The imposition of lockdowns and other restrictions related to the COVID-19 pandemic further deepened the racial and class divide in a society where inequality is structured along race, class, gender and geographic location. It enforced spatial segregation deepening inequality. The urban poor and migrants in particular were cut out of care and support (De Groot & Lemanski, 2021; Mubangizi, 2021; Nyashanu et al., 2020; Zsilavecz et al., 2020). It has been established how the measures only protected the urban middle and well-to-do classes, leaving rural communities, the poor and migrants, defenseless (Mubangizi, 2021; Mukumbang et al., 2020). Unemployment reached an all-time high of 34%, this and the general precariousness was fertile ground for an increase in violence. (Makonye, 2021).[2]

The disproportionate experience of the negative impacts of the pandemic on migrants amplified existing vulnerabilities (Mukumbang, et al., 2020). Direct financial subsidies were provided by the government to the poor as a form of distributive and marginal justice targeting the poor but migrants were not included as beneficiaries of these subsidies (De Villiers et al., 2020). This was so despite migrants constituting approximately 4% of the country's population and often working mostly in essential jobs and the informal sector. Strict lockdowns and disease control measures implemented by the South African government to curb the pandemic, left migrants without income, not counted in state protection and stranded (Carrasco et al., 2024; Sizani, 2020; Zanker & Moyo, 2020). Many migrants lost their jobs, had no money for their basic maintenance and were unable to return home.

Of great concern was the potential impact of COVID-19 on the large immunocompromised population in the country, and the impact of the virus on the health system, overburdened by the country's existing HIV and TB epidemics (Carlitz & Makhura, 2021). Yet, the response to COVID-19 ended up neglecting chronic diseases and mortality increased significantly. According to official figures, deaths from COVID-19 would have reached 102,000 people by the end of 2022. The scientific community, however, questioned this figure showing evidence that the excess deaths, during the pandemic are 2.5 times higher than the official number reported by the government. The real number of deaths has not been acknowledged in the official account. The unaccounted deaths result in the invisibility of grieving, and the limitations to funeral and burial practices all have had consequences on mental health. This remains unrecognized, furthermore, the resources provided by the government for these problems remain limited.

Death without dignity

The paradox government's response to the pandemic has been addressed by several authors (Francis et al., 2020; Nyashanu et al., 2020), justified by the discourse of protection against the potential impact of COVID-19 on the South African population with a high burden of disease.

The management of the national emergency of COVID-19 by the South African government was feasible through a state of exception, one that "appears as the legal form of what cannot have a legal form" (Bank & Sharpley, 2020). Yet the suspension of individual rights did not impact all individuals equally, as Bank and Sharpley argue, "it was necessary not only to suspend individual rights but also to cancel all customary practices, notably those associated with rural funerals. In this way, the South African state created a special category of exception that applied to certain socio-cultural categories or groups that lived in cultural enclaves in the former homelands or Bantustans"(Bank & Sharpley, 2020, p. 143). Oblivious to the profound implications of the new regulations around human remains, Bank and Sharpley (2020) stress the regulations imposed on the rural areas were of historical significance "…the former homelands were treated as a kind of "third country," a country where custom and tradition posed particular threats and required specialized control and management" (Bank & Sharpley, 2020, p. 143). Following the authors' argument, I argue these measures activated a memory of dispossession in the lives of various communities of racialized and colonized subjects, among them, cross-border migrants. The impossibility of returning the dead to be buried at home due to the imposed immobility created a void of historical significance for these populations. With the regulation of the handling of human remains, communities were stripped of their capacity to protect their dead and preserve their dignity[3](Bank & Sharpley, 2020).

The enforced immobility and medicalised death revealed unconcern by the government about the importance communities attribute to dignified death rituals and burials, among many, returning the dead home for burial is of paramount importance.

Dignifying death, overcoming colonial dispossession

Death is perhaps one of the most important events in the lives of people in Africa—if not the most. It is full of meaning. It could be understood as a total social event in which the community recognizes the life of the person who has died, and in that event, social ties are reaffirmed. Death, while individual, is essentially a collective experience (Lee & Vaughan 2008; Nwoye, 2005).

Death in the context of African traditional systems of belief, is also the threshold to another world that continues to gravitate toward the living, the dead are not inert (Nwoye, 2005; Peterson, 2019). Communities maintain a bond with their ancestors (all the dead in the family lineage), who are of great importance in people's lives (Ngubane, 1976). The link with ancestors does not constitute a simple belief, it forms a "social relationship" with associated obligations and reciprocity. While the existence of these entities cannot be demonstrated, ancestors are part of a social relationship whose existence is unknown to an outside observer. For many the right burial place is "home" from where, after death, Africans hope to be reunited with their ancestors who are buried there (Nunez & Wheeler, 2012). Researchers have stressed the relationship between funerals, burials, and political claims in Africa (Dennie, 1997; Lee & Vaughan, 2008). The relationship between the place of burial the affirmation of belonging to land and territory and the claiming of rights in contexts of displacement and colonial dispossession has been highlighted in the literature (Geschiere, 2005; James, 2009; Malkki, 2008; Skosana, 2022). For political, emotional or metaphysical reasons repatriating the dead to be buried home continues to be relevant for communities in Africa (Carrasco et al., 2024; Nunez Carrasco, 2021; Nunez & Wheeler, 2012).

The need to return the dead home has given rise to an economy of death that emerged during the time of high morbidity associated with the HIV/AIDS epidemic. Funeral homes specializing in the repatriation of the dead are strategically and financially within the reach of migrants, through burial societies originating in the seventeenth century among black communities (Lee & Vaughan 2008; Lee, 2011). These mutual assistance organizations have continued to sustain funerary practices across borders, responding to the importance of being buried in the place of origin among various communities in Southern Africa. Estimated at 200,000 in the country[4], they represent a collective and sustained effort to provide a dignified burial to many African communities (Canham, 2021; Lee, 2011). Many people save money throughout their lives to make financial contributions to these funerary associations so that this would enable them to have a decent funeral service and ensure that those who attended the funeral service did not go home hungry (Semenya, 2013, p. 55). For

many, death rituals conducted in culturally and religiously appropriate ways secure the passage from life to death with the living and the ancestors.

The dignification of death motto of historical importance among colonized communities, shaped by culture is also a political act (Bank & Sharpley, 2020; Canham, 2021; Dennie, 1997). Ranger (2004) writes about urban black communities in Bulawayo, in today's Zimbabwe, that in the early nineteen century, under colonial administration and missionary Christianity, carried out cultural and symbolic initiatives in the ambits of death and burial. These commemoration tuned with their beliefs – as opposed to those of the missionary -, asserting their autonomy over the colonial powers (Ranger, 2004). Dignification of life was not achieved in the forced labor of the mines, just as it is not achieved today in the precarious, unprotected, and informal work of migrants in the cities. The dignity of life is restored in death in gestures that respond to the history of the "massive genocide of colonized peoples, mainly when they were exploited, in conditions of slavery, as a labor force" (Espinel Vallejo, 2022, p. 8).

Under the state of emergency of COVID-19, the government introduced health interventions that strengthened the role of biomedicine as the pivotal framing to handle human remains. Against this paradigm, cultural practices that assist communities with their grief work were treated as risk factors. By stripping the death of their identity and biography and of the memory of their communities, these interventions normalized the colonial situation of homogenization of the colonized population, of their racialized bodies, in line with Bank and Sharpley's study (2020), aims to document the "unfolding of a regional crisis of indignity and fear that ensued as the South African state waged war on COVID on behalf of the nation (Bank & Sharpley, 2020, p. 143).

Methods

In the global scenario of lockdown restrictions, heightened morbidity and mortality, I joined a collaborative study led by the network "The Last Rights Project" (www.lastrights.net) and funded by The Fund for Global Human Rights. The study entitled *Everybody Counts. Death, Covid-19 and Migration. Understanding the Consequences of Pandemic Measures on Migrant Families* (Bolton & Jarvin, 2021) aimed at understanding the impact of the COVID-19 global pandemic on migrants and their families especially those who have experienced a Covid-19-related bereavement during the pandemic in various countries.

Participants

The sub-study on which this work is based includes members of the community of Zimbabweans in South Africa A total of 12 interviews were conducted with bereaved families, as well as other members of the migrant communities who have a role in managing a migrants' death: religious leaders, funeral parlors (directors and drivers), and members of burial societies,

Instrument

Semi-structured interviews were conducted through a WhatsApp video call. The interviews often lasted between 30 to 45 minutes.

Procedure

A research assistant from Zimbabwe established contact with leaders of the migrant community in Johannesburg and individuals who had lost members of their families. The decision was not to interview direct bereaved individuals to avoid the possibility of re-traumatization. Participants were contacted through a snow bowling sample technique seeking to gather information from key informants and bereaved members of the migrant community who were part of the Zimbabwean community in South Africa. The interviews were conducted online during the COVID-19 lockdown restrictions (from August to December 2020). A consent form was obtained, and data was provided to cover the cost of the interviews. The names of the participants have been changed. The ethics protocol obtained at the University of Witwatersrand Medical Ethics Committee (M190545).

Data analysis

The study adopted a case study approach around the event of a Zimbabwean migrant's death. Each interview was analyzed according to the place the individual occupied in the collective, and the role played around a death of a Zimbabwean migrant. Because of these roles, some of the participants in this study were considered as key informants, and their responses allowed to reconstruct the various phases involved in the management of a migrant's death.

Results

Restrictions in the repatriation of dead bodies to Zimbabwe

Even when the repatriation of the bodies was permitted, so many restrictions were imposed by the

governments of South Africa and Zimbabwe making the process even more cumbersome than usual. Within these regulations, only vehicles designated and certified to transport corpses could transport the bodies of the deceased. (Carrasco et al., 2024).

These restrictions had an immediate effect. Zimbabwean newspapers reported that, under normal circumstances, 60 bodies a week were repatriated through the Beitbridge border post. As of the start of the lockdown, only 6 bodies were repatriated in the first week of April because of strict rules in both countries.

The Zimbabwean government's new regulations treated all bodies entering the country as contagious bodies. Exceptions to this rule were unnatural deaths (Nunez Carrasco, 2021). The new rule meant that families and relatives wishing to accompany the body of the deceased to Zimbabwe had to quarantine for 21 days when crossing the border before proceeding to the funeral. These regulations were an indirect way of preventing relatives of the deceased from accompanying the bodies of their loved ones to Zimbabwe (Maviza & Thebe, 2023).

Typically, about 25 people accompany the body on the journey back home. During the trip, family and friends, depending on the family's religion, perform rituals along the way; *"They would stop, they would do their rituals, and they would continue, and on the other side of the border, they would do another ritual"* says Bishop Ndebele a religious leader of a Pentecostal Church and member of the Zimbabwean community in South Africa.

Under COVID-19 restrictions, only one driver was allowed to transport the body, therefore no rituals were performed because the community was not permitted to travel accompanying the deceased across the border. The absence of the community was evident, and the body had to be sent alone.

And the Bishop says

> … people are emphasising [because] they're not doing the rituals, because of COVID. Some of them believe that when they die everyone has to be there, the family, the elders, and the neighbours, now it is found that when someone dies, the wife is alone in South Africa, so they take the body back to Zimbabwe and the wife remains [behind] alone. (Bishop Ndebele).

As part of the precaution measures the deceased bodies were shipped without their personal belongings in contrast to normal times when a trailer was dedicated to carrying the belongings of the deceased.

Within African traditional religions in Southern Africa, the dead body is not inert. This notion draws attention to the connection between the spirit and the body that continues to exist after death and inhabits personal objects such as clothes and other belongings. Death, therefore, needs to be treated with the respect that is manifest in several ritualized practices along the journey undertaken by migrant communities to bury the deceased at home. These metaphysical principles are important in understanding why for many, the COVID-19 protocols have perturbed the possibility of the dead to rest properly, and why their unrest torments the living. Attending to these precepts and practices is the shared motto "to bury with dignity" which mobilizes communities in pulling resources together to provide for a dignified funeral.

One of the drivers authorized to transport bodies who took on the responsibility of traveling with a friend's body back to Bulawayo in Zimbabwe, 900 km from Johannesburg, pointed out the risk of undertaking the journey all alone, if he had had a breakdown along the route, would have been a problem, he says, that, although he had the embalmed body he needed to get to his destination soon. I only had 4 days to complete the trip and return. However, for him, what was most difficult was facing the pain experienced by the grieving family.

And he says

> … Families… (for them this is) a challenge because some of them want to come (accompany their relatives to the place of burial) definitely… They don't want to accept, they can't accept, and they don't trust me to manage to do it on my own. They were worried that no one would talk to the body. That's what people believe. Some people… What they believe is that "no, our brother, if he goes alone, he won't sleep hot," that's what they believe, [they would say]… We have to park somewhere and talk to him, so it's going well, but anyway, that's what they believe…
>
> Lorena: Were you asked to do that?
>
> Driver: I didn't do anything. I am a Jehovah's Witness

Rituals relating to death are, as a rule, imbued within various belief systems, where those of an African tradition and those of the Christian churches coexist, sometimes in tension. The driver, a Jehovah's Witness did not talk to the spirit of the death as the bereaved family would have wished, yet he showed his compassion toward them.

> Driver: They were so heartbroken when I left the room, some of them even collapsed at the funeral home… Some of the family members even escorted me for 70 kilometres to the provincial border, where there was a roadblock, as people were not allowed to cross into another province without a letter of authorization. They dropped me off there and took pictures in the garage before we parted ways.
>
> (The deceased) was 45 years old, had a wife and children from this side (in South Africa) and while he lived in South Africa for a long time, they decided to

> take him back because the family believes that the elderly need him in Zim (Zimbabwe).
>
> The family would call me on the phone all the way, even at the South African border and tell them I was doing this or that. Even in Zim, I had to go straight to the funeral home. I was telling them what was going on, the families in Bulawayo were there waiting for me,

Mr Tshuma is the director of one of the oldest burial societies in Johannesburg (the society dates to 1945), with 800 members, mostly from southern Zimbabwe, Matabeleland, referring to how difficult this has been for the families of the deceased. Normally at funerals, he says, the family feels supported when they see the car and members of the funeral society wearing their uniforms, ready to escort them across borders, something that's not possible now.

> At the burial of our members, there is no dignity now, we are just sending [the body] as if this person had never been part of a funeral society… You're sending the dead person with a driver, that's all. … We used to accompany the body, we take the body to the parents, then we give it to the parents and then they have to house us [take them in for the duration of the funeral].
>
> Right now, you know, we Africans have that the dead person has to be respected, but there's no respect now. This thing of sending the body just… This is not in our society. This is like there's no respect, I'm sorry to say it's like we're burying a dog…tags. We can't do what we're here to do, provide burial with dignity.

Mr Thsuma emphasizes the loss of the dignity required in the procedures of funerals conveyed in the presence of the community, as they travel accompanying the body to be delivered to the family. Its absence equals the life of the home to that of a dog.

According to Bishop Ndebele, COVID-19 has destabilized the community and its way of life something that is conveyed by Dickson Ncube a member of the Zimbabwean community in South Africa, he describes what it was like for him to bury his mother and mourn her alone in Johannesburg.

> The traumatic experience is the day I go to meet my family… As you know it's like something new, particularly my children didn't see the burial and my sister and many other relatives who didn't witness it… By the time we meet, it's going to be traumatic, as well as not having the memory of the person who died.
>
> … You need a lot of psychosocial support with this kind of grief, and my wife is on that side and my kids are on the other side, so I'm just here, and the funeral… Well, during the funeral, I was with my brother and sister and other relatives, but that night after the funeral I was alone. I went back to my house, I was alone, and this took its toll on me, my wife was trying to contact me on the phone, but day after day I was alone. We don't know when we're going to reunite with my family and formally grieve together. That opportunity… It is necessary to hug each other and let go, so there is still something stranded along the way (the grieving process is stopped). When you meet face to face it is part of the healing process, if this is not done, you feel that there is still something pending that needs to be done…

Members of the Zimbabwean community participants in this study revealed how the COVID-19 restrictions on handling human remains, funerals and burials deepened the grief, especially for cross-border migrants. While these restrictions were implemented globally, the inability of black migrant communities to bury their dead with dignity - a motto involving the presence of community; a home burial and customary rituals- had a profound impact on these migrant communities.

Discussion

In South Africa, the black population is overrepresented in the lowest rungs of the economic pyramid that is reproduced today from this racialized colonial and apartheid social classification system, which "organised, structured, and configured another process that also accounts for the coloniality of power: capitalism as a new structure for the organization of work" (Espinel Vallejo, 2022, p. 7). In the case of Zimbabwe, the sustained political and economic crisis in that country leads thousands of migrants to cross the borders to generate remittances and support their families, the crises have forced migrants to integrate into the lower echelons of the country's social and economic structure (Agyepong, 2011; Bloch, 2010; Crush & Tevera, 2010).

The imperatives of public hygiene imposed during the pandemic assumed that the dead body was a source of contagion, resulting in the stripping of their identity. Something similar happened during the recent Ebola epidemic in West Africa, death was synonymous with contagion and a source of new deaths, which led to implementing preventative measures that resulted in the total dispossession of the body from its family and cultural environment. In times of COVID-19, in South Africa, in the name of safeguarding and protecting life (we have already seen how the lives of the poor were not protected), the lived life of racialized subjects is in medicalised death and burial, under health regulations, discarded and ignored. Following Maldonado Torres and Espinel

Vallejos, it is possible to visualize how the application of hygiene measures on the body corpse confirms the non-value of the lives of colonized racialized subjects, reproducing in times of pandemic the invisibility of their humanity.

The State, through its public health interventions, has hindered the possibility of creating and preserving a space of intimacy enacted in the ritual around the corpse. Mourning requires the ritual intimacy, between the living and the dead, intimacy that is enabled by the rite allowing the invocation of the divine. Seeing the body, touching the body, washing the body, and dressing the body are all part of the range of rituals in which humanity is maintained and the transcendence that is sought after death. Visual and sensory engagement with the corpse, often done in a prescribed cultural and religious way, has been halted and altered because of COVID-19 restrictions COVID-19 regulations have importantly, obstructed the possibility for the community to create a space of intimacy for ritual; pausing, contemplating, remembering, accompanying the bereaved, cooking, feeding, grieving the loss in someone's arms, comfort, hugging and kissing, holding hands, shaking hands, and saying goodbye properly. Sensorial engagement that Canham defines as the "erotic of mourning" (2021). Writing about the pandemic death and its meaning, the author reflects on mourning in this among what we were lost "when rituals and relations are threatened" (Canham, 2021, p. 2).

While regulations were put in place to prevent the spread of the highly contagious coronavirus, these regulations, have entered the intimate and sacred space, to homogenize racialized bodies in a painful reproduction of coloniality, another form of necropolitics (Mbembe, 2019). The sovereignty on the decision of who may live and who may die extends to the dispossession of the dead body of the colonized (Skosana, 2022). COVID-19 has made the politics of life and death unavoidable (Robertson & Travaglia, 2020). Medicine has triumphed by affirming its role, and its modern epistemology, finding in it its scientific and rational justification.

The regulations of the state of emergency have appropriated the corpse. These bodies no longer belong to grieving families. The management of death is no longer the prerogative of the bereaved. This is now regulated by the state, in the name of public health. The state government has restricted access to the corpse and to the affirmation of life lived, which is community and family patrimony. The dead "wrapped" in culture became a contagious and dangerous body. The dead wrapped in plastic -as prescribed by the COVID-19 regulations on the dead body- is the allegory for the triumph of the biomedical hygienic aseptic body.

Conclusion

The study of death management, funeral practices, burials and rituals perhaps speaks more about life than about death itself, in that sense this text opens the possibility of investigating the relationships between these practices in their interface between communities and the powers of the State in postcolonial societies. The process described in this paper refers to the reproduction of hierarchies of value established in colonial domination through the homogenizing project of medicine. This inquiry offers us a way to understand the reality that challenges the ideals of equality that are so far from being a reality in the countries of the South.

It could be argued that the restrictions imposed on the management of human remains, and the procedures around funerals and burials would have been an equalizing factor in South African society, given that the experience of loss has been transversal. The loss, however, has not been equal, it has been greater for colonized racialized bodies. In them dwells the memory of dispossession, of non-value and forced homogenization.

There are intangible consequences of COVID-19 these restrictions have had repercussions on experiences of mourning, reactivating the memory of a colonial past, of a present soaked in the uncertainty of the pandemic, the uncertainty that has been the ontological place of racialized, colonized populations. The decolonial perspective through which to examine community health allows us to visualize the historical plot unleashed in the process of medicalization of death as a response to the COVID-19 pandemic today.

Notes

1. According to the latest UNAIDS estimates (2023 data, published in the 2024 Global AIDS Report), in South Africa, 150 000 people were newly infected with HIV (an incidence of 2.7 per 1000 uninfected population). 7.7 m people were living with HIV (prevalence of 17.1% among adults aged 15-49, 8.4% among young women aged 15-24, 3.8% among young men aged 15-24). 95% of people.
2. This was demonstrated by the events of July 2021 when there was an eruption of unrest in the provinces of Gauteng and KwaZulu-Natal, key economic centres of the country, in which 354 deaths were recorded, and thousands of businesses were looted and closed. According to the South African Homeowners Association, the riots are estimated to have cost the country around

R50 billion ($3.3 billion) in lost production and put at least 150,000 jobs at risk. Domestic violence, already a major problem in the country, also worsened.

3. The regulations on the handling of human remains during COVID-19 were the following.
   - New guidelines on the handling of mortal remains in the home and morgue dictated that an airtight bag had to be used to transfer remains to the funeral home and the staff handling it, personal protective equipment had to be used, and then the equipment used in the process was to be disposed of.
   - When a person dies at home, family members should not touch the body as this became a responsibility of Emergency Medical Services and requires the use of PPE for handling the deceased's belongings.
   - Funeral homes will deliver the body to the family on the morning of the burial. Bodies that tested positive for COVID-19 were not to be touched.
   - For deaths not related to COVID-19, viewing of the body should be done only in hospitals or funeral homes under strict conditions. Gloves and masks should be worn, with family members taking turns viewing the body to avoid overcrowding.
   - Only a limited number of people were allowed to attend the funeral and particularly in the event of COVID-19-related death, only close relatives were allowed to attend the funeral, and no viewing of the body was allowed.
4. (NASASA Funeral Scheme, n.d. https://nasasa.co.za/nasasa-funeral-scheme/accessed on 08/09/24).

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References

Agyepong, S. (2011). Zimbabwe's exodus: Crisis, migration, survival. *Africa Today*, *57*(3), 112–113. https://doi.org/10.2979/africatoday.57.3.112

Bank, L. (2024). Life after plastic-wrapped bodies: COVID, the state and the crisis of social reproduction in rural South Africa. *Anthropological Quarterly*, *97*(3), 449–480. https://doi.org/10.1353/anq.2024.a936099

Bank, L., & Sharpley, N. V. (2020). A state of (greater) exception? Funerals, custom and the "war on COVID" in rural South Africa. *South African Review of Sociology*, *51*(3-4), 143–164. https://doi.org/10.1080/21528586.2021.2015717

Bloch, A. (2010). *The right to rights?: Undocumented migrants from Zimbabwe living in South Africa*. https://doi.org/10.1177/0038038509357209

Bolton, S., & Jarvin, C. (2021). *Every body counts published version 29 01 2021. pdf*. Google Docs. https://drive.google.com/file/d/1f3QRFCcQmeI5AmhAug38JVTRmfccQyHA/view?usp=sharing&usp=embed_facebook

Canham, H. (2021). Thanatopolitics and fugitive mourning in pandemic death. *Social and Health Sciences*, *19*(1), 1–17. https://doi.org/10.25159/2957-3645/10329

Carlitz, R. D., & Makhura, M. N. (2021). Life under lockdown: Illustrating tradeoffs in South Africa's response to COVID-19. *World Development*, *137*, 105168. https://doi.org/10.1016/j.worlddev.2020.105168

Carrasco, L. N., Maviza, G., Myoli, V., & Theunissen, S. (2024). COVID-19 syndemics in three distinct South African communities and the impact on shared loss and grieving. In *COVID-19 syndemics and the Global South* (pp. 138–156). Routledge. https://www.taylorfrancis.com/chapters/edit/10.4324/9781003365358-8/covid-19-syndemics-three-distinct-south-african-communities-impact-shared-loss-grieving-lorena-nunez-carrasco-gracsious-maviza-vuyokazi-myoli-storm-theunissen

Crush, J., & Tevera, D. S. (2010). *Zimbabwe's exodus: Crisis, migration, survival*. African Books Collective. https://books.google.com/books?hl=en&lr=&id=XR9WCJ91fd0C&oi=fnd&pg=PP1&dq=the+zimbabwean+crisis+migration+exodus&ots=Ks-z3hdFqL&sig=r47RcaHLgetQW9XPNcAmDbw8Lew

De Groot, J., & Lemanski, C. (2021). COVID-19 responses: Infrastructure inequality and privileged capacity to transform everyday life in South Africa. *Environment and Urbanization*, *33*(1), 255–272. https://doi.org/10.1177/0956247820970094

De Villiers, C., Cerbone, D., & Van Zijl, W. (2020). The South African government's response to COVID-19. *Journal of Public Budgeting, Accounting & Financial Management*, *32*(5), 797–811. https://doi.org/10.1108/JPBAFM-07-2020-0120

Dennie, G. M. (1997). *The cultural politics of burial in South Africa, 1884-1990* [PhD]. The Johns Hopkins University. https://www.proquest.com/docview/304348729/abstract/8FB905BAE6EE4657PQ/1?sourcetype=Dissertations%20&%20Theses

Espinel Vallejo, M. (2022). Colonialismo médico: El papel del discurso y de las prácticas médicas y psiquiátricas en la configuración del poder colonial en África durante los siglos XIX y XX. https://www.clacso.org/colonialismo-medico-el-papel-del-discurso-y-de-las-practicas-medicas-y-psiquiatricas-en-la-configuracion-del-poder-colonial-en-africa-durante-los-siglos-xix-y-xx/

Francis, D., Valodia, I., & Webster, E. (2020). Politics, policy, and inequality in South Africa under COVID-19. *Agrarian South: Journal of Political Economy: A Triannual Journal of Agrarian South Network and CARES*, *9*(3), 342–355. https://doi.org/10.1177/2277976020970036

Geschiere, P. (2005). Funerals and belonging: Different patterns in South Cameroon. *African Studies Review*, *48*(2), 45–64. https://doi.org/10.1353/arw.2005.0059

James, D. (2009). Burial sites, informal rights and lost kingdoms: Contesting land claims in Mpumalanga, South Africa. *Africa*, *79*(2), 228–251. https://doi.org/10.3366/E0001972009000709

Lee, R. (2011). Death 'on the move': Funerals, entrepreneurs and the rural–urban nexus in South Africa. *Africa*, *81*(2), 226–247. https://doi.org/10.1017/S0001972011000040

Lee, R., & Vaughan, M. (2008). Death and dying in the history of Africa since 1800. *The Journal of African History*, *49*(3), 341–359. https://doi.org/10.1017/S0021853708003952

Levine, S., & Manderson, L. (2021). Proxemics, Covid-19, and the ethics of care in South Africa. *Cultural Anthropology: journal of the Society for Cultural Anthropology*, *36*(3), 391–399. https://doi.org/10.14506/ca36.3.06

Makonye, F. (2021). Interrogating the July 2021 looting, burning and violence in South Africa: Case of KwaZulu-Natal (KZN), *11*(2), 55–66.

Malkki, L. (2008). National geographic: The rooting of peoples and the territorialization of national identity among scholars and refugees. In *The cultural geography reader* (pp. 287–294). Routledge. https://doi.org/10.4324/9780203931950-47

Maviza, G., & Thebe, P. (2023). Virtual eulogies, rituals, and burials: Experiences of and adaptations to death and mourning during the COVID-19 pandemic among transnational families. *Illness, Crisis & Loss*. https://doi.org/10.1177/10541373231219761

Mazzucato, V., Kabki, M., & Smith, L. (2006). Transnational Migration and the Economy of Funerals: Changing Practices in Ghana. *Development and Change*, *37*(5), 1047–1072. https://doi.org/10.1111/j.1467-7660.2006.00512.x

Mbembe, A. (2019). *Necropolitics*. Duke University Press. https://doi.org/10.1515/9781478007227

Mbiba, B. (2010). Burial at home? Dealing with death in the diaspora and harare. In J. McGregor & R. Primorac (Eds.), *Zimbabwe's new diaspora: Displacement and the cultural politics of survival* (pp. 144–163). Berghahn Books. https://doi.org/10.1515/9781845458416-008

Mubangizi, J. C. (2021). Poor lives matter: COVID-19 and the plight of vulnerable groups with specific reference to poverty and inequality in South Africa. *Journal of African Law*, *65*(S2), 237–258. https://doi.org/10.1017/S0021855321000292

Mukumbang, F. C., Ambe, A. N., & Adebiyi, B. O. (2020). Unspoken inequality: How COVID-19 has exacerbated existing vulnerabilities of asylum-seekers, refugees, and undocumented migrants in South Africa. *International Journal for Equity in Health*, *19*(1), 141. https://doi.org/10.1186/s12939-020-01259-4

NASASA Funeral Scheme. (n.d). *Nasasa*. Retrieved August 12, 2024, from https://nasasa.co.za/nasasa-funeral-scheme/

Ngubane, H. (1976). Some notions of 'purity' and 'impurity' among the Zulu1. *Africa*, *46*(3), 274–284. https://doi.org/10.2307/1159399

Nunez Carrasco, L. (2021). *Covid-19, death, and repatriation in Southern Africa*. SSRC The Immanent Frame. https://tif.ssrc.org/2021/09/16/covid19-death-and-repatriation-in-southern-africa/

Nunez, L., & Wheeler, B. (2012). *Chronicles of death out of place: Management of migrant death in Johannesburg*.

Nwoye, A. (2005). Memory healing processes and community intervention in grief work in Africa. *Australian and New Zealand Journal of Family Therapy*, *26*(3), 147–154. https://doi.org/10.1002/j.1467-8438.2005.tb00662.x

Nyashanu, M., Simbanegavi, P., & Gibson, L. (2020). Exploring the impact of COVID-19 pandemic lockdown on informal settlements in Tshwane Gauteng Province, South Africa. *Global Public Health*, *15*(10), 1443–1453. https://doi.org/10.1080/17441692.2020.1805787

Peterson, B. (2019). The art of personhood. In *Ubuntu and the reconstitution of community* (pp. 73–97).

Ranger, T. (2004). *Dignifying death: The politics of burial in Bulawayo*. https://doi.org/10.1163/157006604323056741

Robertson, H., & Travaglia, J. (2020, May 18). The necropolitics of COVID-19: Will the COVID-19 pandemic reshape national healthcare systems? *Impact of Social Sciences*. https://blogs.lse.ac.uk/impactofsocialsciences/2020/05/18/the-necropolitics-of-covid-19-will-the-covid-19-pandemic-reshape-national-healthcare-systems/

Semenya, D. K. (2013). Burial society versus the Church in the Black society of South Africa: A pastoral response. *Verbum et Ecclesia*, *34*(1), 55–63. https://doi.org/10.4102/ve.v34i1.698

Sizani, M. (2020). *COVID-19: Police shut immigrant-owned spaza shops after Minister's xenophobic statement*.

Skosana, D. (2022). Grave matters: Dispossession and the desecration of ancestral graves by mining corporations in South Africa. *Journal of Contemporary African Studies*, *40*(1), 47–62. https://www.tandfonline.com/doi/abs/10.1080/02589001.2021.1926937 https://doi.org/10.1080/02589001.2021.1926937

UNAIDS. (2023). *Site search*. https://www.unaids.org/en/site-search

Zanker, F. L., & Moyo, K. (2020). The coronavirus and migration governance in South Africa: Business as usual? *Africa Spectrum*, *55*(1), 100–112. https://doi.org/10.1177/0002039720925826

Zsilavecz, A., Wain, H., Bruce, J. L., Smith, M. T. D., Bekker, W., Laing, G. L., Lutge, E., & Clarke, D. L. (2020). Trauma patterns during the COVID-19 lockdown in South Africa expose the vulnerability of women. *South African Medical Journal = Suid-Afrikaanse Tydskrif Vir Geneeskunde*, *110*(11), 1110–1112. https://doi.org/10.7196/samj.2020.v110i11.15124